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PATENT

Docket No. 015916-301

22581 U.S. PTO
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certify that on 12/2/03, which is the date I am signing this certificate, this correspondence and all attachments mentioned are being deposited in the United States Postal Service "Express Mail to Addressee," under 37 C.F.R. § 1.10 in an envelope addressed to: Commissioner for Patents, Mail Stop Patent Application, P.O. Box 1450, Alexandria, VA 22313-1450.

Craig A. Slavin

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Commissioner for Patents
Mail Stop – Patent Application
P.O. Box 1450
Alexandria, VA 22313-1450

APPLICATION TRANSMITTAL

Sir:

Transmitted herewith for filing is the new patent application of:

Inventor(s): David K. Swanson

Title: SURGICAL METHODS AND APPARATUS FOR FORMING LESIONS IN TISSUE AND CONFIRMING WHETHER A THERAPEUTIC LESION HAS BEEN FORMED

Enclosed are:

- ☒ Specification, claims and abstract, totalling 50 pages.
- ☒ 17 Sheets of Drawings Informal X Formal (Figs. 1-40)
- ☒ Declaration and Petition (unsigned)
- ☐ Assignment of the invention to Scimed Life Systems, Inc. including Assignment Cover sheet and Check No. for \$40.00
- ☐ A Power of Attorney
- ☐ A Verified Statement Claiming Small Entity Status

The filing fee has been calculated as shown below:

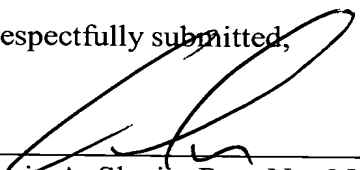
FOR:	CLAIMS FILED	NO. EXTRA	SMALL ENTITY RATE	SMALL ENTITY FEE	STANDARD RATE	STANDARD FEE
BASIC FEE				\$385		\$ 770
TOTAL CLAIMS	38 minus 20 =	18	X \$9	\$	X \$18 =	\$ 324
INDEPENDENT CLAIMS	4 minus 3 =	1	X \$43	\$	X \$86 =	\$ 86
<input type="checkbox"/> MULTIPLE DEPENDENT CLAIMS PRESENTED			X \$145 =		X \$290 =	
			TOTAL \$	\$	TOTAL	\$1180

- ☐ Please charge my Deposit Account No. 50-0638 the amount of \$ _____. A duplicate copy of this sheet is enclosed.
- ☐ A check in the amount of \$ _____ to cover the filing fee is enclosed.

- ☐ The Commissioner is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposit Account No. 50-0638. A duplicate copy of this sheet is enclosed.
 - ☐ Any additional filing fees required under 37 C.F.R. 1.16.
 - ☐ Any patent application processing fees under 37 C.F.R. 1.17.
- ☐ The Commissioner is hereby authorized to charge payment of the following fees during the pendency of this application or credit any overpayment to Deposit Account No. 50-0638. A duplicate copy of this sheet is enclosed.
 - ☐ Any filing fees under 37 C.F.R. 1.16 for presentation of extra claims.
 - ☐ Any patent application processing fees under 37 C.F.R. 1.17.
 - ☐ The issue fee set in 37 C.F.R. 1.18 at or before mailing of the Notice of Allowance, pursuant to 37 C.F.R. 1.311(b).

Respectfully submitted,

12/2/03
Date



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